



Scott Parker, DDS, maintains an exclusive private practice in Redmond, Washington and has published many articles on restorative dentistry and adhesion. His fun and realistic approach to everyday dentistry has made him a highly sought-after lecturing clinician. In addition to chairing an online learning center, he has lectured extensively on aesthetic procedures and dental technology, and serves as a consultant for several dental companies, and on the advisory boards of dental journals and companies. Dr. Parker is committed to providing exceptional restorative care in a progressive yet conservative manner.

Placing Direct Restorations without Fear

By Scott Parker, DDS

Due to the current economic challenges of many of our patients, a greater number are choosing more conservative means of restoring their compromised teeth. This decision is often made with only the financial aspect being considered. The long-term consequence of restoring a tooth directly in the mouth is not emphasized to our patients because it has been our standard of care for so many years. It is worth noting that informal surveys of our peers show that these procedures can amount to an emotional roller coaster if the results don't meet patient expectations—and our own.

Whether restoring a broken front tooth with resin or restoring an interproximal lesion, clinicians should have a thorough understanding of how to provide such care in the best way possible, and to make the procedure both easier and more profitable.

When reviewing our schedules, procedures that involve a root canal on a second molar, extracting a difficult tooth or managing a challenging patient can often elicit a visceral response. While it can easily be argued that indirect restorations are appropriate for class II or class III restorations, in most practices this is simply not realistic or appropriate. Direct composites make most of us “sweat” due to the challenges inherent in matching shades or achieving an ideal form and anatomical contact. And since direct restorations are something that most of us do every day, it behooves us to master the necessary skills.

Keys to Success

I love the feeling of joy I get when I place a direct restoration in the esthetic zone or in a posterior tooth, knowing that I've conserved enamel and given the patient a durable and beautiful result. You too can feel more relaxed and at ease by following a few simple steps that have made my life easier when performing anterior restorations.

Something as simple as taking a shade as soon as a patient sits in the chair is a great start. While I agree with this approach, I also place my chosen material directly on the tooth or adjacent teeth and then cure it to see how it will interact with the existing teeth once it comes into contact with saliva. I always choose my base (dentin) shade from the neck of the tooth and my overlaying (enamel) shade from the incisal third of the tooth. Figure 1 is an example of a simple procedure using this technique. In the end, I used only one shade; namely, Tokuyama's Estelite Sigma Quick (BW), as I was replacing only enamel.

When restoring posterior teeth, the following tips will facilitate the procedure while helping to ensure the best possible outcome (Figure 2):

- Use a well-placed rubber dam to retract the lips and tongue and keep the teeth dry.
- Use a disinfecting scrub prior to placement of the filling.
- Be sure to choose an excellent matrix system.
- While placing the restorative material, use a thin liner of flowable composite prior to placing the final layers, remembering not to splint any of the cusps together.

Finding the Joy in Your Work

As dental professionals we're fortunate to be working at a time when there are many materials at our disposal, allowing us to relax and enjoy what we're able to provide for our patients. Dentistry can be much more fun when using these materials since the results are more predictable and more stable than ever before.

Tokuyama's Estelite Sigma Quick is the material that truly helps me enjoy my time chair-side. I have confidence knowing that the final result will be stable and beautiful, and will hold its polish for the duration of the filling. I would encourage you to try it if you haven't already, and see just how well it performs.

Figure 1. Anterior restoration.



- A.** Color matching was incorrect with dentin shaded A-2.
- B.** Color match was much more appropriate with BW.
- C.** Existing preoperative condition.
- D.** Postoperative result showing nice blend, even with just one shade.

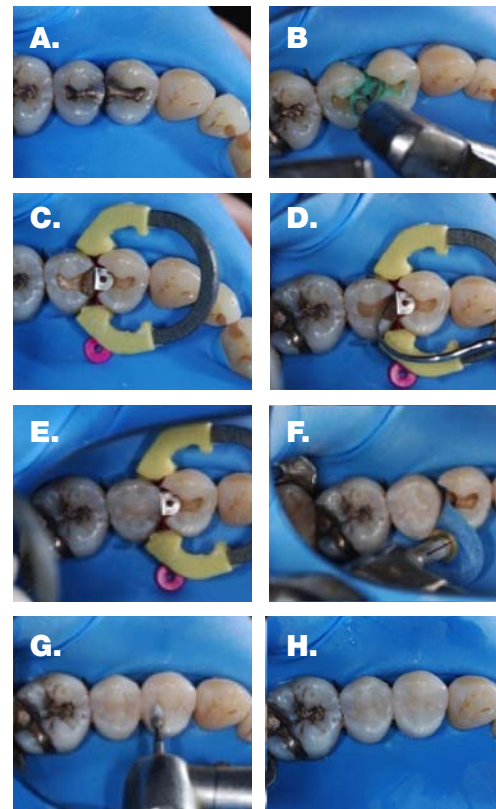


Figure 2. Posterior restoration.

- A.** Preoperative condition showing nice application of rubber dam for isolation.
- B.** After removal of existing filling, scrubbing with Consepsis Scrub to disinfect prior to placement.
- C.** Proper application of the Triodent V3 ring.
- D.** Adapting the flowable liner with an explorer.
- E.** Layering the composite OA-2.
- F.** Contouring of first filling prior to placing the adjacent filling.
- G.** Shaping the anatomy with a fine diamond bur.
- H.** The final restoration placed and polished.